



# The Shield

Vol. 2, No. 3

July 15, 2011

**18th Medical Command (Deployment Support)**

## COMMANDER'S CORNER

Special points of interest:

- **Chaplain - The Pros and Cons of reading the Instruction Manual**
- **SJA - Rules of Engagement**
- **Pictures of the Quarter**

### Inside The Shield

CSM	2
G1	3
G2/G3/G4	4-5
G6/G8/G9/Dental	6-7
Clinical Services/TPMC	8-9
SJA	10
Chaplain	11
124th Optometry	12
Commander/CSM	13
HHC	14
Family Readiness	15
PICs of Quarter	16 - 18
Safety	19



Pacific Knights,  
First of all, it is my great honor to be your commander and I take this responsibility very seriously. I fully realize that it is through the efforts of all of you that our unit will accomplish our goals and be successful. So as the leader, it is my responsibility to create conditions that will enable individuals and teams to get things done in ways you find enriching and fulfilling while accomplishing our mission. My goal is an environment that allows people to grow and stretch within their specialty and our organization to thrive through that growth. In the last month I have been so impressed with the talent and experience within this unit, our potential is phenomenal! I will enjoy watching all of you continue to advance and demonstrate to others the breadth and extent of your capabilities. I think the Pacific Knights have only gotten started.

Unfortunately my first month in command required me to be gone a good part of the time to various command conferences and a TDY to Alaska to evaluate and support the 8<sup>th</sup> FST and their training exercise. I sent out a short synopsis of what was presented at the USARPAC Commanders' Conference and have included that message here so that everyone will have a chance to read it. Everyone needs to be aware of the environment we are working within.

During the next month now that CSM Skyers and I are back from TDY and leave, we will be reviewing policies, schedules, rating schemes, etc. We



**Colonel Judith Bock**

will be discussing getting back to basics in terms of military courtesy, regulations and protocol. And of course during the next 6 weeks, the emphasis will be on preparation and training for UFG (CERTX) in August. I look forward to working and getting to know everyone in the unit.

*Leaders, I completed a Commanders Conference last week [June 9-10] hosted by LTG Wiercinski and accompanied by other USARPAC Commanders and their spouses. The USARPAC CG's Vision Statement is as follows: "One Team--America's Theater Army in the Pacific AOR--assuring security and stability." 18th MEDCOM's Vision Statement is "A team of medical teams, expeditionary focused and proficiently trained providing seamless health service support throughout the Asia-Pacific Region. Everyone should know and understand these visions. Pass the word.*

*The USARPAC Priorities are: Train & Equip the Force; Partner Across All Levels; Support Soldier and Family; Maintain World-class Army Facilities; Common Relations.*

*The USARPAC Lines of Efforts are: Shape; Prepare; Posture; Sustain; Protect; Caring. There are general officers assigned....More on page 13 Colonel Bock*



**Sergeant Major Garfield Skyers**

Aloha Pacific Knights. I am thrilled to join your awesome team and be a proud member of one of the United States Army Pacific Command's best units, team Pacific Knights. This is an excited time to be a member of the 18<sup>th</sup> Medical Command (Deployment Support) as we work together to tackle the many challenges ahead, starting with our efforts to go from initial operational capability (IOC) to full operational capability (FOC), preparing for Pacific Integration and be able to accept any mission that the Army sends our way, to include combat operations. As I conduct my assessment of the organization, I am pleased to say that we have a proud group of officers, noncommissioned officers, and Soldiers that are technically competent and who willingly give their hearts and soul to ensure the accomplishment of the mis-



sion.

As I stated in my change of responsibility, I value every member of the team and I quoted General (Retired) Colin Powell's thought on the essence of the team. Our motto is, "Pacific Knights, One Team, Medical." What does it mean to be one team and why is it so important? Like leadership, the value of the team can never be overemphasized. The concept of team is at the core of everything that we do in the Army and teamwork is embedded in the warrior ethos. As such it was the first thing that our Drill Sergeants/Cadre Sergeants instilled in us on the first day of Basic Combat Training or Basic Officer Training and the one area when it did not go right, would end with us paying dearly, usually with physical exertion (for me it was the mountain climber and the dying cockroach). For our civilian counterpart, the concept might have been introduced to them as a kid playing Pee Wee League ball or as a member of their soccer, football, softball, or baseball team. We train as teams (collective training) and fight as teams (squad, platoons, companies, etc) to build confidence and esprit de corps so when one person goes down, the other member takes up the slack. Imagine for a moment a surgeon walking into an operating room to perform a complex surgical case and is the only person there, or walking into the motor pool and the motor sergeant is the only person there to perform weekly maintenance on the vehicles. I do not think that surgeon could continue that surgical case, nor would we have a successful maintenance program. Teamwork is what bonds us together to create successful units, motivated Soldiers, create lifelong friendships, and ensure we check behind one another so that the mission never fails.

No matter where each of us works, our status (active or reserve component Soldiers), the rank we wear or

## Command Sergeant Major

the job we do, greatness resides in the team rather than the individual, irrespective if you are a Soldier, businessperson, or clergy. We are a part of the 18<sup>th</sup> MEDCOM (DS) team. We are delighted when the organization does well and are dissatisfied when the organization does not function well. Working together as teams makes us function at a higher level as it forces us to understand the organizational goals and objectives to ensure success of the mission and gives us that thrill you get when you do something great, like hitting a winning run in a baseball game or scoring the winning touchdown on that final drive.

I remember growing up as a kid in Jamaica, and the one thing that I wanted most, was to be a member of my school's under twelve year old cricket team. Those guys were so good that they were revered by the entire student body. Yes, we had track and field (if you watched the last Olympic games you know that track and field is a big deal in Jamaica), football (soccer), and ping-pong teams, but the one thing I wanted was to be a part of that cricket team. After a few months of trying, I finally proved myself and was selected to the team. We did so much as members of that team. We got involved in the community and we went everywhere together. Seldom would you see one member without another member. We owned that team and were proud to be members of the team. We genuinely liked everyone on the team and cared for each other. In fact, many of...**More on page 13 CSM Skyers**

18th MEDCOM (DS) Commander: Col. Judith Bock

18th MEDCOM (DS) Command Sergeant Major: Sgt. Maj. Garfield Skyers

18th MEDCOM (DS) Chief of Staff: Col. Michael S. McDonald

18th MEDCOM (DS) Public Affairs Chief, Cpt. Jessie Romero

18th MEDCOM (DS) Public Affairs NCOIC: Sgt. 1st Class Rodney Jackson

Contact The Shield at DSN: 438-4737 or email 18thMEDCOMPAO@us.army.mil.

The Shield is an authorized publication for members of the U.S. Army. Contents of The Shield are not necessarily official views of, or endorsed by, the U.S. Government, Department of Defense, Department of the Army or the 18th MEDCOM (DS). All editorial content of The Shield is prepared, edited, provided and approved by 18th MEDCOM (DS) Public Affairs Office.

# G1

The G1 Team continues to support the Command and maintain our focus on achieving Fully Operational Capability (FOC) by planning and implementing essential personnel services and strength management services for 18<sup>th</sup> MEDCOM(DS) and subordinate units throughout the Pacific area of responsibility while ensuring readiness across the full spectrum of operations. Some of the major events that the G1 team supported this quarter were the Change of Responsibility, Change of Command, Equipment Validation Exercise, Semi-annual Soldier Readiness Processing for Ulchi Focus Guardian 2011 (UFG11). CPT Perry also provided support to Terminal Fury 11 where he served as the Master Events Scenario List (MESL) Manager for the PACOM Surgeon's Office.

**The G1 Team extends a friendly Aloha to our new members:**



**LTC Shauna Snyder – G1 Officer in Charge (OIC)**

**SGT Carlos Abrego – Strength Management HR NCO**

**SPC Juliet Gordon (AR) – Strength Management HR SPC**

**Mr. Iloyd McClintock – 18<sup>th</sup> MEDCOM(DS) Safety Manager**

The G1 bids a sad farewell to MSG(P) Eric Wimberly and his wonderful family. We wish this phenomenal Noncommissioned Officer the best of luck and give our sincere gratitude for the hard work, leadership attributes, dedication and enthusiasm he brought to the G1 team and 18<sup>th</sup> MEDCOM (DS)! He will be missed as he departs to attend the Sergeants Major Academy and accomplish the next milestone in his career. Mahalo nui loa!



Left: Master Sgt. Eric Wimberly and family.

Right: New Addition to the Pacific Knight and G1 Ohana. On 7 July at 0251 Private 1st Class Rayevagn and Jessica Powell welcomed Malik Anthony Powell to the family.

God Bless and Congratulations!





# G 2 & 3

Once again, the 3<sup>rd</sup> Quarter of FY11 has been chock full of events, exercises, and planning for the G2/3 section and 18<sup>th</sup> MEDCOM (DS). The section said 'hello' to several new members this quarter: LTC Gogue, CPT Hanna-Soanes, MSG Musnicki, MAJ Eckmeier, and MSG Fluellen. The 18<sup>th</sup> MEDCOM (DS) also greeted a new CSM and Commander this quarter- special thanks is due to the G3 Sergeant Major, SGM Johnson, and the senior NCOs of the G2/3 for their efforts in their efforts ensuring both the Change of Responsibility and the Change of Command ceremonies went off without a hitch (especially difficult for the Change of Command 'audible' to the gym at the last moment due to torrential downpours and lightning).

In preparation for the much anticipated Certification Exercise (CERTEX), G2/3 has participated in a multitude of planning sessions and training events that will continue through the exercise that is quickly approaching in August, where we will have members of the section spread from Korea to Japan to Oahu. In May, a validation exercise was conducted to demonstrate the ability to establish our Operational Command Post (OCP) and set up/outfit the monster BASE-EX tent, as well as validate the load plans of the containers that will soon be floating to Japan. We look forward to finally attaining Full Operational Capability (FOC) in August at the completion of our CERTEX that will validate our ability to conduct our mission anytime, anywhere in the world.

Of course, the G2/3 continues to plan and conduct exercises while supporting Theater Security Cooperation Program (TSCP) missions throughout the Pacific Region. MSG Hackett and SSG Kinsey participated in PACOM/USARPAC/18TH MEDCOM (DS) mission to conduct Theater Security Cooperation Program (TSCP) for Tendon Valiant IX, a Multi-Lateral Subject Matter Expert Exchange Program (SMEE), Medical Outreach Program

## Upcoming Events

### JULY

8-10 July: Battle Assembly weekend (Driver's Training/WTT Training)

18-31 July: 18<sup>th</sup> MEDCOM (DS) Block Leave

1 July: Training Holiday

4 July: Independence Day Holiday (Yay!!)

### AUGUST

19 August: Training Holiday

10-26 August: ULCHI Guardian Freedom (CERTEX)

29 August: Training Holiday (TBD)

### SEPTEMBER

2 September: Training Holiday

5 September: Labor Day Holiday

10-11 September: Battle Assembly

(MEDRET), and Medical First Responder Course (MFR) conducted in Bengkulu, Sumatra, Indonesia from 6 - 15 May 2011. The mission was co-hosted by the US Army and Indonesian National Armed Forces (TNI), with delegates participating from Cambodia, Philippines, Nepal, Papua New Guinea, Vietnam, Malaysia, Thailand, and Singapore. Medical support was provided in the areas of Dental, Optical, Cataract Surgeries, General Medicine, Pediatrics and Pharmacy. The Medical Outreach was executed at 8 separate sites, over a span of three consecutive days, for approximately 6,662 local national patient contacts. Mission success was declared by the Surgeon General from TNI and was evident in the eyes and smiles of the people of Indonesia.

More section members were out and about the Pacific Rim as well in May. MSG Roesch, along with LTC Davidson of G9, planned, coordinated and executed the medical portion of joint exercise Angkor Sentinel 2011 in Cambodia. During this mission, several Medical Civilian Assistance Program (MEDCAP) exercises were conducted for 2 remote villages in the Bat Dang Province along the Thai/Burma border. MEDCAP was a humanitarian assistance mission. MEDCAP participants consisted of medical representatives from the Idaho Army National Guard (IDNG), the Royal Cambodian Armed Forces (RCAF), and the Children Surgical Center (CSC). During this exercise and multiple MEDCAPs, 5416 patients were seen (Dental-326, Medical-4261, Eye- 829, Tooth Extractions-605, Eye Glasses-493) at the two village sites.

MSG Crawford and MSG Rosales are hard at work planning and preparing for the upcoming TSCP mission in Vietnam, which will utilize similar medical and dental outreach activities as the missions above.

Closing out the 3<sup>rd</sup> quarter the section was still swinging for the fences, as LTC Vetter attended the final planning for our CERTEX exercise that took place in Korea, and followed it up with some initial planning for more exercises- with a stop in Japan to finalize the plan for the footprint of the OCP. CPT Hales attended the AMEDD Captain's Career Course, while MAJ Dlugosz, CPT Hanna-Soanes, MSG Musnicki, SFC Lee, and MAJ Eckmeier attended the Joint Humanitarian Operations Course as well as the Humanitarian Assistance Response Training course. Also, our very own SSG Burns completed Air Assault School and competed for and earned the coveted Air Assault Badge. Finally, we also bid farewell to CSM Jackson, who PCS'd to Fort Lewis, and MSG Roesch who moved within the unit over to the NCOIC position of the 18<sup>th</sup> MEDCOM (DS) Inspector General.

# G4

In the midst of paradise and an ocean view from Royal Kunia, we began the month of April with Organizational Day to include Soldiers, family and friends of 18<sup>th</sup> MEDCOM (DS). The G-4 was the Red Team and defiantly succumbed to defeat in tug of war early in the competition. (Mere signs of group modesty and unselfishness). In support of Operation Tomodachi and the immediate need for humanitarian assistance after Japan's historic tsunami, MAJ Shults was tasked to support Pacific Command (PACOM) in the Command Surgeon's cell. Shortly thereafter, she traveled to and hosted the Mongolia MEDLOG SMEE from 15-23 April. In preparation of the major exercise, Ulchi Freedom Guardian (UFG) and unit movement, CPT Woods traveled to Camp Zama and Sagami Army Depot Japan to conduct a detailed site survey, ensuring a smooth transition for the arrival of the Operational Command Post (OCP) in August. Returning to Indonesia, MAJ Shults participated in Tendon Valient from 1-20 May. This is a multi-national medical readiness exercise and medical first responder course. While keeping the pace of many demands, we had a chance to welcome SPC Saturne and his family to the section during the quarterly Hail and Farewell. Within weeks, SGM Farmer and his family arrived on island. Returning from a recent deployment and assignment from Ft. Bragg, NC, he will fulfill the position as the G-4 SGM. As the Terminal Fury CPX progressed, all sections rolled up their sleeves and set up the BASE-X Shelter in the motor pool, an outdoor base camp shelter that is capable of



housing an entire command. Supporting a tasking for Terminal Fury, CW4 Smith traveled to Okinawa, Japan as the Single Integrated Medical Logistics Manager Liaison Officer (SIMLM LNO) 16-25 May. At the same time, CPT Sander was tasked to PACOM supporting the Joint Task Force exercise at Camp Smith. The following week, SGM Brawner was tasked to support Makani Pahili (Hawaiian for "Strong Winds") at Pacific Regional Medical Center, designed to test many of the systems that are activated in the event of a hurricane and the disaster it leaves behind. In Hawaii, Friday is the favorite workday as it begins the weekend in a celebratory mood! 3 June was better than most, as this was the day we honored CPT Woods at his promotion ceremony to MAJ and attended our Change of Command ceremony at Ft. Shafter. Prior to his departure to his next assignment, we had the privilege of awarding CPT Sander a well-deserved Army Commendation Medal as his PCS award. Congratulations Gentlemen!



MAJ Wood's  
promotion



SFC Buchanan at  
the BASE-X



CPT Sander PCS  
Award

# G6

Greetings from your friendly neighborhood G6 section, otherwise known as "The Geek Squad"! This quarter has been another busy one for us as we continue to enable the 18<sup>th</sup> MEDCOM (DS) mission by providing outstanding communication support. Unlike most Military Occupational Specialties, such as those in Combat Arms, as members of the Army's Medical Service Corps, concentrating in Biomedical Information Systems Management, and as members of the Army's Signal Corps, we get to practice our "field craft" everyday. Take for instance the Infantry who need to go out to the field or a MOUT site to conduct training to become proficient. Unlike them, we do our war-fighting job on a daily basis, and don't require a Field Training Exercise or an operational deployment to conduct our mission. For us, when we are "operating", we are also training...there is no distinction. As everyone is well aware, computers and other automation equipment can be finicky at times to say the least, and we are always coming across new problems to solve. When things are up and running 100% of the time, that is truly great, but hardly a reality! Not a day goes by where we are not troubleshooting something, and fixing someone's problems. This is a wonderful experience, and our section does embrace the challenges of keeping our communications and automation systems up and running and troubleshooting new problems as they arise. Whether it is a common problem that continuously arises or something new and "out of the blue", you can be rest assured that we are ready to do what it takes to solve the problem. As communicators, we are in the customer service business...and the 18<sup>th</sup> MEDCOM is our customer!

This quarter has allowed our section to obtain some necessary training which will surely enhance our skills and ability to support the unit. MAJ Kurowski attended the Lean Six Sigma Overview course as well as the Tactical Battle Command/Command Post of the Future (TBC/CPOF) operator course. CPT Cercenia also attended the TBC/CPOF Course, as well as attended and graduated the Air Assault Course. Congratulations! MAJ Kurowski, CPT Cercenia and CW2 Garay also attended the Share Point Basic User, and Site Manger courses offered by USARPAC this quarter. This will help us improve our ability to implement Knowledge Management techniques and procedures within the unit, and make improvements to our unit Portal page. CW2 Garay also attended the Information Management Officer course, and completed his on-line Skill Port training which is a pre-requisite to receive his Security Plus certification.

CW2 Stanley attended the Mid-Planning Conference and initial site survey in Japan for the upcoming exercise UFG '11, conducted a reconnaissance of our Area of Operations and made all the necessary coordination to ensure we receive the required communications support for a successful Certification Exercise. MAJ Kurowski attended the UFG '11 Final Planning Conference as well as a secondary site survey to finalize our unit footprint and requirements. MAJ Romero and MSG Meadows participated in the 18<sup>th</sup> MEDCOM's Annual Training Plan Conference to assist the unit in planning the next year's training.

Not only do we support our 18<sup>th</sup> MEDCOM customers, but sometimes we also have to support our higher headquarters missions as well. This quarter MAJ Romero was hand selected to participate in the Terminal Fury '11 training exercise as a medical planner supporting Pacific Command. Additionally, CPT Cercenia was selected to participate in the Hawaii-Wide exercise Makani Pahili '11.

Our section was also able to hone some other "softer", yet critical skills as well. CW2 Stanley, SSG Champigny and SSG Foxwell got a reprieve from fixing computers for a few days and attended the Chaplain's Strong Bonds Retreat. Additionally, some of us were able to squeeze in some much deserved leave during this quarter, CW2 Stanley, CPT Cercenia, MAJ Romero,

Now for some internal congratulations! Some good news for the section, Specialist Ford got promoted to Sergeant and Sergeant Foxwell got promoted to Staff Sergeant. Well deserved!

Lastly, we had to say a sad goodbye to MSG Richard Meadows and his family. They are off to the Sergeant's Major Academy at Fort Bliss, Texas. Not only will MSG Meadows be missed by the G6 section, but by the entire 18<sup>th</sup> MEDCOM. On a happy note, we look forward to the arrival of his replacement, MSG Mark Hamilton, who will arrive to Hawaii on 7 July.



# G8

The 18<sup>th</sup> Medical Command Program Budget and Advisory Committee completed its mid-year review validation with approval from the committee to reprogram funds to cover funding shortages in areas requiring additional funding. The command continues to apply a cost distribution ratio where expenses can be clearly identified to both our AC/RC personnel by charging expenses to OMAR (1/3) and OMA (2/3). This process is in place to appropriately utilize both OMAR and OMA funding streams.

Deployment of General Funds Enterprise Business System (GFEBS) 1 April 11 became a reality. The new system continues to challenge the G8 section with problems processing Purchase Requests, and incorrect role's assignment. In addition, many functions are not operational and DBCAS still being utilized in some areas. GFEBS training continues as additional roles are identified, as required.

An unqualified statement of reasonable assurance that the 18<sup>th</sup> MEDCOM internal controls are in effect for FY 11 met FMFIA objectives and was submitted for the command to MEDCOM and USARPAC. Development of the command's Internal Control Evaluation (ICEP) 5-year Plan with a MATRIX for the chief of staff and commander to review ensured the sections are being held accountable. Internal evaluations reviewed and completed reinforce the organizations emphasis and commitment on the program.

Development of FY12 Command Budget Estimate (CBE) for the Command's OMA, OMAR, AT and RPA program provides the organization the opportunity to estimate our core operating requirements in light of limited funding being distributed in the out years. Detailed analysis and justification requires each staff section to only indentify mission essential requirements to meet the commander's intent of only submitting 'must' fund items.

Submitted unfunded requirements identified to MEDCOM for our upcoming CERTEX in support of command FOC validation. Funding request is currently being vetted by MEDCOM. Anticipate funding to be released NLT 1 July 2011.

Manpower requirements still challenge the G8 section with one assigned 70C filled by LTC Marquez and a vacant 36B position since Mar 11. Mr Adams continues to provide much needed technical support. Only recently, he was assigned full time as a temporary solution until Oct 11 where his future with the organization needs to be renegotiated with PRMC.

# G9

LTC Fred Davidson, in support of USARPAC's Theater Security Cooperation Program (TSCP) participated in a Medical Civil Action Project (MEDCAP) in support of Angkor Sentinel 2011 (AS11). Ankegor Sentinel 2011 was a multilateral event that included Soldiers from the U.S., Cambodia, and Mongolia. The Idaho Army National Guard (IDNG) Medical Detachment was the medical unit conducting the MEDCAP. The MEDCAP was conducted at the Bat Dang and Treng Tro Yeung Schools. The MEDCAP included medical, dental, and optometry care. A total of over 5000 people received treatment during the four day event.

LTC Curtis White recently supported the Makani Pahili 2011 (MP11) Exercise. Makani Pahili is the annual state of Hawaii hurricane exercise. He served in the Defense Coordinating Element Hawaii (DCE-HI) as a medical augmentee. LTC White was responsible for reviewing all of the mission assignments, and coordinating DoD medical assets to support local civilian authorities.

The G9 Section will continue to be busy during the next quarter with final planning conferences for Makani Pahili 2011, Lightning Rescue 2011, Defense to Support Civil Authorities (DSCA) training, and Bilateral Military Medical Operations in Vietnam. Stay tuned!





# Clinical Services

## CLINICAL SERVICES, CHIEF CLINICAL NCOIC

### LEANING FORWARD, LEARNING, AND LEADING THE WAY

**More Physical Training. Love it! Love it! Love it!** It is a good thing that SGM Galati is in top notch shape. On his last Army Physical Fitness Test he completed his two mile run in 14 minutes and performed over 100 sit ups and pushups. I heard you ask two questions genius. 1) Is he crazy? 2) Why would he do such a thing? Well scholars, there are two simple answers. You pick the one you like best. 1) SGM Galati is not crazy he is a beast when it comes to physical fitness. 2) Well, somebody got to do it; and if you or your boss won't do it, well SGM Galati believes it is his responsibility to max the maximums'. Pacific Knights, for this act alone SGM Galati deserves a high five, fist bump, a strong hand shake, or a big shout out "One Team Medical" from you.



### The Asian Pacific Military Medical Conference (APMMC): One Team: Partnerships, Joint Medical Operations and Wounded Warrior Care

You are so right. The folks in Clinical Services should not complain. Why should we? Some of us get to visit, okay sight see, oops my bad, I mean train in places like AUSTRALIA (HOOAH). SGM Galati represented the 18<sup>th</sup> MEDOCOM (DS) at the APMMC XXI, conducted under the USARPAC Theater Security Cooperation Program, co-hosted by the Australian Defence Forces and the US Army Pacific, in Sydney, Australia, 2-6 MAY 2011. I know this is incredible!

The APMMC provided a forum for U.S. military health-care providers to discuss with allied countries in the Asia Pacific region topics, issues, and concerns of military medical significance. Topics included but not limited to influenza viruses, pandemic influenza, HIV, emerging infectious diseases, malaria, preventive medicine, deployment health for peacekeeping operations (PKO) and other contingency operations (OCO), military medical aid to civil agencies, health service support, combat medicine, triage and casualty evacuation, medical readiness, behavioral health, Wounded Warrior Care, medical technology, medical training, simulation training, research and medical interoperability. Several areas of emphasis included Nursing, Veterinary Medicine, and 68W NCO development. The audience was composed of 300-600 military health professionals from Australia, Bangladesh, Belgium, Brunei, Cambodia, Comoros, Federated States of Micronesia (FSM), France, Germany, India, Indonesia, Japan, Kiribati, Laos, Madagascar, Malaysia, Maldives, Mauritius, Mongolia, Nepal, New Zealand, Pakistan, Palau, Papua New Guinea, People's Republic of China (PRC), Philippines, Republic of Marshall Islands (RMI), Russia, Samoa, Singapore, Solomon Islands, South Korea, Sri Lanka, Thailand, Timor Leste (East Timor), Tonga, Tuvalu, Vanuatu, Vietnam and the World Health Organization (WHO). Thank you Uncle Sam.



Top: Sgt. Maj. David Galati, Clinical operations senior NCO helps with inprocessing at the APMMC.

Bottom: Brig. Gen. Keith Gallagher (from left, first row), commander, Pacific Region Medical Command stands with other leaders during the opening ceremony.

### 2011 FORCES COMMAND (FORSCOM) CONFERENCE

This year is another wonderful year that our Army afforded clinical services staff an opportunity to participate and represent the 18<sup>th</sup> MEDCOM (DS) at top notch learning, training and professional development forums for senior leaders. SGM Galati had the privilege to attend the Annual FORSCOM Conference. This year it was sponsored in conjunction with the United States Army Reserve Command (USARC) in Reno, NV. The scope of attendees ranged from Commanders, Chief Nurses, Command Sergeants Major, Operators, Medical Planners, Trainers, Logisticians, and other brain thrust from the Office of the Army Surgeon General, Department of the Army, and the Public Health Command. The conference offered three concurrent sessions: 1) Commanders Forum, 2) Nurses Forum, and 3) Combat Support Hospital Now and 2020. The presentations were outstanding and the discussions very enlightening based on current real world deployment experiences; which focused on Combat Support Hospital (CSH) issues to include Reserve Component (RC) concerns, RC Hospital Decrement, Medical Materiel Readiness Program stored at Sierra Army Depot, Forward Surgical Team conducting split operations, supporting pre-deployment and validation, and lessons learned. Check out the conference website: [www.apmmc.org](http://www.apmmc.org). You will be glad you did. Lots of good information for your perusal.



# Theater Patient Movement

SGT Jason Hart was tasked to support Operation Tomodachi in Japan from 1 April to 3 June, during this time, his duties at USFJ include all administrative support, such as preparing Bilateral Update Brief for the Admiral Walsh, the JSFJ Commander, and patient transfers stats, etc. He was required to complete daily SITREPs to the USARPAC COIC, as well as to the 18<sup>th</sup> MEDCOM G3, for situational awareness.

CPT Mavlyn Bazil was one of four officers tasked to PACOM 16-26 May 2011 in support of Terminal Fury 2011.

MSG Debra Major took advantage of several training opportunities:

Specifically, MSG Major attended Command Post of the Future (CPOF) and Battle Command Sustainment Systems (BCS3) at Schofield Barracks. Knowledge of these systems will enhance the flexibility of the Command, having MSG Major, as well as others, familiar with these systems. During future exercises, EUSA, as well as 65<sup>TH</sup> MED BDE are expected to use these systems, which will better the integration between each Command.

MSG Major also attended the Battle Staff NCO Course given Video Teleconference Training by USASMA, Ft Bliss Texas. During this course, she received instruction on the following areas: Maps and Overlays, Intelligence Preparation of the Battlefield, Plans, Orders, and Annexes, and Sustainment Operations. She completed five examinations with a "first time go" on all with a final GPA of 89.3%. Additionally she received instruction on the Military Decision Making Process, Fires & Maneuvers, and an overview of the Brigade Combat Team. This course culminated with a StaffEx where, MSG Major acted as the BDE S1 and was required to complete a BDE OPORD with dissemination to the subordinate units. As requests for information, she was responsible to provide guidance as necessary.

Also, MSG Major attended the Master Resiliency Training Assistant course given by MSG Hackett and CPT Perry. Completion on this course allows for Master Resiliency Assistant Instructors to ensure 18<sup>TH</sup> MEDCOM meet Department of the Army intent to support the MRT program and the Comprehensive Soldier Fitness Program.

SPC LaDana Wagner was the "backbone" of TPMC during her NCOICs absence. She ensure continued mission accomplishment and without any loss of productivity. She, along with SPC Fabian, coordinated medical record availability, conducted MEDPROS scrubs, and records screening in support of the 18<sup>TH</sup> MEDCOM's SRP.

SPC Frank Fabian attended several pre Air Assault trainup and also found time to volunteer 10 hours to the VA's Golden Age games. He was the time and scorer keeper for the pool games and shuffle board games.

Lastly, TPMC bid a Farewell and Mahalo to CPT Timothy Godbey and his family (Hannah and Katie) on 21 May at Outback Steakhouse. Although a sad occasion, we are honored to have served with him. He will be truly missed.



From left: Lt. Col. Joseph Williams, TPMC chief, Cpt. Mavlyn Bazil, TPMC officer, Master Sgt. Debra Major, TPMC NCOIC and Sgt. Jason Hart, TPMC NCO pose during the USARPAC Army Ball.

# Staff Judge Advocate

## ***Rules of Engagement Training in the early 1990s: Operations DESERT SHIELD, DESERT STORM and UPHOLD DEMOCRACY***

While Judge Advocates, Legal Administrators and Paralegals now participate in Rules of Engagement (ROE) training as a matter of routine, this is a fairly recent development. In fact, it was not until Operations DESERT SHIELD and DESERT STORM in 1990-1991 that the Corps first developed the now familiar "ROE cards" and began the widespread use of ROE training using real-world vignettes. Additionally, in Operation UPHOLD DEMOCRACY, the September 1994 intervention in Haiti, the Corps broke new ground when, for the first time, members of the Regiment conducted ROE training for non-U.S. personnel. In Operations DESERT SHIELD and DESERT STORM (the name given by the United States to the military operations authorized by the United Nations against Iraqi dictator Saddam Hussein in August 1990), Judge Advocates took the Joint Chiefs of Staff and U.S. Central Command ROE and tailored these restrictions on the use of force to their individual unit missions. The big breakthrough in ROE training for the average Soldier was the printing and distribution of thousands of yellow cards containing "Peacetime" and "Wartime" ROE. These small cards provided easy to remember and clearly stated rules for Soldiers and proved so successful that their use continues today. Members of the Corps also provided ROE training to ensure that Soldiers understood and were comfortable with command restrictions on the use of force. By the end of Operation DESERT STORM, commanders understood as never before that lawyers and the law were an integral part of Army planning, training and warfighting--and that Judge Advocate involvement in ROE training was key to a successful mission. Three years later, the Corps took yet another significant step forward in ROE

training when Judge Advocates developed a human rights training package in the run-up to Operation UPHOLD DEMOCRACY. This military operation, which began in September 1994, occurred after the United Nations authorized the United States to lead a multinational force into Haiti to restore democracy in that country. Recognizing that U.S. troops would now be deploying alongside Soldiers from many different countries, the Corps realized that it was important for all personnel in the multinational force to be *uniformly* trained in the applicable ROE. The result was the creation of a "human rights training package" that was used to instruct Soldiers and civilian police from the Caribbean nations of Jamaica, Grenada, Barbados, and St. Vincent, as well as Bangladesh and Guatemala, in the Law of War generally and ROE in particular. The training, conducted by Judge Advocates and Paralegals at Camp Santiago, Puerto Rico, began with a twenty-to thirty-minute lecture, followed by carefully planned lane training. Training scenarios included a "riot," in which a hostile group of civilians threw rocks, bottles and sticks at the Soldiers, and an "incident" in which three armed "Haitians" threatened relief workers at a Red Cross food distribution site. In both vignettes, the non-U.S. troops and international police being trained were tasked with applying ROE in controlling the rioters or protecting the humanitarian relief workers. Judge Advocates also created and distributed a pamphlet entitled "Ten Commandments of Human Rights for Soldiers." This publication discussed, in clear and easily understood language, "ten commandments" that these non-U.S. troops and police must obey. These ranged from "thou shall respect individual integrity and human dignity" to "thou shall not commit, nor tolerate, murder, rape, torture, or the excessive use of force." The last page of the pamphlet contained two pocket-size cards on which the "ten commandments" were printed, thus providing a ready reference for future use. As a result of this new

initiative---to train non-American personnel in ROE and the Law of War---every Soldier and policeman who deployed to Haiti as part of the multinational force not only became familiar with ROE but practiced them in realistic settings. Consequently, when their boots hit the ground in Port-au-Prince or Cap-Haitien, they not only understood the rules, but had some experience in achieving the balance between initiative and restraint so important to success in military operations. Today, ROE training of both U.S. and non-U.S. personnel is something that all commanders see as a critical part of the delivery of legal services by the Corps. But 20 years ago, it was something very new---even for the Judge Advocates, Legal Administrators and Paralegals tasked to deliver it.

# Chaplain's Pew

## The Pros and Cons of Reading the Instruction Manual

I have a confession. I love James Bond Movies! So I'm a guy...so sue me! *Die Another Day* is a classic. When Q gives James the doorstopper manual for his latest gadget car, Q says, "Here's the manual, should be able to shoot through that in a couple of hours." Bond tosses it in front of the vehicle's automatic shotguns which promptly blast the manual to shreds. Without so much as a blink Bond replies, "Just took a few seconds, Q." Needless to say this doesn't affect Bond's ability to use the car later on (though given his photographic memory he probably read the manual while the car was being developed).

Without a manual, we are at the mercy of way too many variables most of which work against our successful tackling of the subject at hand. The label on the box simply reads "Some assembly required." The fine sentiment of giving that stylish and beautiful cabinet to our loved one on a special occasion can swiftly lose its charm when we are dead set on putting it together without consulting the manual. After a while, we have lost all sight of the joy of giving the gift. Our mind is more focused on how we

might get back at the author of the "Some assembly required" nonsense.

The "normal" way of proceeding on a project involves a great deal of home grown ingenuity and common sense. However, along with those noble traits we are also driven along by some less than helpful characteristics; willfulness and stubbornness just to start the list. No matter where we got those strange and wonderful tendencies they are always going to be part of our "normal" way of dealing with subjects if we don't stick strictly to the manual.

When we start talking about some of the more challenging subjects in the human experience, it seems that we would certainly be out of our minds if we approached them without at least consulting the manual. But strangely enough, that is just what we do. I think first of all about our relationships (especially marriage). How about our finance? We would do a very good thing if we were to approach the really important stuff with a well thought through and informed plan, A Manual! What were we thinking when we leave such important subjects to chance, to a "normal" that we did not intentionally choose.

There are a lot of good resources out there; manuals on relationships, marriage, child rearing, finances, etc. And not just books; classes, seminars, mentors. I know about a lot of good stuff. Just ask. How about being proactive rather than reactive? Don't be like "that guy." He tries it without the manual every time. Hopefully we learn from our mistakes. But why is it that we go through it in the first place? What were we thinking!?! Sounds like something someone could write a song about.

## Pacific Knights!



## Single Soldiers Strong Bonds 2011





# 124<sup>th</sup> Optometry Team

The 124<sup>th</sup> Optometry Clinic at Camp Phoenix Afghanistan is a mobile optometry clinic that is able to provide initial diagnosis and management of eye injuries on the battlefield as well as detect, prevent, diagnose, treat, and manage ocular related disorders, injuries, disease, and visual dysfunctions in our fighting forces. On 25 June 2011, the 124<sup>th</sup> packed up their portable optometry equipment and joined the Combined Joint Interagency Task Force (CJIATF) 435, Afghan Detention Corrections Advisory Team (ADCAT) to provide optometry support at the Afghan National Detention Facility (ANDF) in Pol-e Charki.

CJIATF 435, ADCAT has oversight for detention operations in Afghanistan, including care and custody of detainees, full implementation of detainee review procedures, and vocational and educational programs designed to facilitate the peaceful reintegration of detainees in to society. The ADCAT serves as correction and detention operations advisors for their ANA partners and last month the International Committee of the Red Cross (ICRC) identified the need for eye care while reviewing prison health care for detainees at ANDF. As a modular, flexible and multifunctional optometry team the 124<sup>th</sup> is capable of providing supplemental optometry care to other health care agencies and volunteered to participate.

A total of 18 detainees and 3 ANA Soldiers received eye care during the mission. Half of the patients received donated reading glasses and medications and the other patients will have glasses and medication ordered for them through the proper support channels.



### Colonel Bock

*to oversee each of these Lines of Effort (BG Gallagher has oversight for 'Caring'). The USARPAC G1 is the lead staff element.*

*The CG will conduct a BUB approx. every 3 weeks and a commanders' huddle equally as frequently. I'll keep the dialogue with all of you ongoing.*

*The overall message: USARPAC will experience a tremendous budget cut in FY 12 and FY 13-17. They expect the loss of over 25 PAX (DACs) over the next year. This is the same for the rest of the Army so I anticipate our colleagues in Korea may see similar cuts. Of note, there are many Family programs that in cases help only a few Families or Soldiers; these programs may likely get scrutinized and possibly cut. The three main questions being asked when looking at programs will be 1) Do we really need it? 2) Is it worth it (what is the bang for the buck)? And 3) What are we willing to do without? We will be looking hard at efficiencies and affordability; identifying the desired/measurable outcomes; and identifying any redundant/inefficient/obsolete programs. We will need to focus on core missions/lines of effort and prioritization of resources - looking at capabilities and programs that should be reduced or divested and at the breaking point in terms of resources. Currently, everything is on the table for consideration to be cut.*

*Keep at the suicide prevention campaign plan. Unfortunately, the rate per 100K is about the same this year as last year. We have multiple programs but they don't seem to be reducing this rate. We all must ensure all primary care providers are trained on Respect.Mil and employing it at every clinic; aligned a BH provider with each Battalion and actively engaging with the Battalion Cdr & Unit Soldiers; and active engagement with promoting and informing Soldiers of the suicide prevention hotlines; offer BH access 24/7; and ensuring the PDHRAs are always current.*

*We spent a lot of time on indiscipline. You need to ensure you follow the Army Regulations regarding positive UAs. Initiation of the Chapter Action is required. The first GO in the chain approves or returns it, not you. The CID folks stated there are Soldiers still on active duty with double-digit positive UAs. If a Soldier is AWOL and he is a risk to himself, I can initiate a warrant on him at day 5 (not day 30). DA 4833s are not being done in a timely manner--standard is within 45 days. I want to see them too.*

*Flags and Bars to Reenlistments should be done according to regulation.*

*The unit's chain of command owns the barracks. NCOs must understand that they are to go into the barracks frequently. This ensures checks and reduces indiscipline and misbehavior incidents.*

*Please pass this onto your staff or other leaders that I have missed for visibility, we are all in this together. Thank you.*

*Pacific Knights!  
COL Bock*

### CSM Skyers

us from that team still keep in touch today.

The spirit of the team carried over into the community and collectively the

community and the school benefited. There was less absenteeism, fewer teens got into trouble, and the people in the community got the chance to spend time together. We have the same opportunity here at 18<sup>th</sup> MEDCOM (DS), but first we must own the team and be proud of it, just as I was about my cricket team.

As a team, we need to ensure that we foster pride amongst our personnel to create a feeling that coming to work is more than just another job, but an opportunity to do something great for our Army, the nation, and the communities that support our Soldiers. How do we accomplish such a deed when we are so busy? It can be as simple as recognizing and telling our personnel how well they are doing at work and spend time together away from the office enjoying fun activities. By now, you may be asking yourself, WIFM (what is in it for me) or, what is the benefit? On the military side, it translates to an Army that will retain good Soldiers, because what we do at work and how we interact have extended to the Soldier's home and he/she will be more inclined to stay in the Army. Additionally, it provides us an opportunity to become a learning organization where we share ideas, respect and care for each other and willingly go the extra mile to take care of each other. For our civilian employees the benefits are a more satisfied workforce that regards themselves as a valuable member of the team. This is what master card calls "priceless".

I would like to close with these two quotes taken from the books, *A Pocket Guide in Teamwork* and *Great Ideas on Attitude and Success*.

*"Successful teams build on the strength of individual members."*

*"Every person with a positive attitude is a beacon of hope."*

I am proud of each and everyone assigned or attached to 18<sup>th</sup> MEDCOM (DS) and all that you have accomplished. Let me reaffirm what you already know. Every one of you is critical to the mission... and together everyone achieves more. What you do is important. Thanks for being so humble. You deserve so much praise.

Continue to take care of our Soldiers, civilians and their families.

*"Pacific Knights, One Team Medical"*

CSM

# Headquarters & Headquarters Company

By CPT Vickee Wolcott, HHC Commander

## Aloha Pacific Knights!

As usual in the summer months, we have had a lot of transition of personnel over the last few months. We have welcomed many new Soldiers and their families to the HHC and have also farewelled some great Soldiers. The following are the newest members of the Pacific Knights: CPT Anderson, SJA; SPC Saturne, G4; MSG Musnicki, G3; SGT Rivera, G2; SSG Bogan, CO HQs; 2LT Sevaaetasi, G4; PVT Delossantos, G1; MAJ Eckmeier, G3; CPT Jackson, SJA; MSG Fluellen, G3; SGM Farmer, G4; SGT Abrego, G1; SGT Lathan, CO HQs; LTC Snyder, G1; CPT Reilley, SGS; and LTC McFadden, G2. The following Soldiers departed the 18<sup>th</sup> MEDCOM: PVT Lee, G1; SGT Drake, CO HQs; SGT Fielding, G1; SPC Locke, CO HQs; SGT O. Salazar, CO HQs; CPT Pennicooke, G3; SGM Jackson, G3; LTC Baker, G2; CPT Godbey, TPMC; SFC Smith, IG; SGT Maynard, Cmd Group; MSG Taylor, IG; MSG Meadows, G6; MSG Wimberly, G1; and LTC Manning, G3. And of course with the Change of Responsibility occurring in April and the Change of Command in June, we welcomed the new command team of COL Bock and CSM Skyers and farewelled COL Edgar and CSM Dwyer.

We also farewelled half of the 124<sup>th</sup> Optometry Team as they deployed to Afghanistan in May. They will be providing great eye care and support to Soldiers down range.

April, May, and June were busy months for promotions as well. Congratulations to the following Soldiers for their advancement to the next higher grades: LTC Marquez, G8; SGT Ford, G6; MSG Major, TPMC; SGM Jackson, G3; MAJ Woods, G4; CPT Mitchell, CO HQs; PFC Macuno, CO HQs; PFC Bernardino, CO HQs; PFC Meekins; G6; PV2 Solima, CO HQs; SSG Foxwell, G6; SGT Lathan, CO HQs; and SGT Gunther, CO HQs.

The 2<sup>nd</sup> Annual 18<sup>th</sup> MEDCOM Organizational Day was held on 02 April at Royal Kunia Park. It was a great event, with lots of team building and competition. We would like to thank all of the families and Soldiers for coming out to this great event. Congratulations to the G1 for winning the most events and the coveted Org Day Trophy.

May and June focused heavily on preparation for Ulchi Freedom Guardian (UFG), the unit's certification exercise occurring in Au-

gust. From the tent exercise to the equipment validation exercise, our Soldiers worked hard to inventory and pack equipment to ship to Japan for the deployment of the Operational Command Post.

UFG will occur 14-28 August. The Operational Command Post will deploy to Sagami Army Depot, Japan. The Main Command Post will operate from the Command Headquarters on Ft Shafter. This exercise will certify that we are a fully operational unit. It will require many Soldiers to work on night shifts and 12 hour shifts. The month of August will be a busy one. Please prepare yourselves and families now to deal with the separation and long hours.

Army life can be stressful for Soldiers and Families. The 18<sup>th</sup> MEDCOM (DS) has a Military & Family Life Consultant (MFLC) assigned to us to provide assistance in dealing with the stresses of military life. The MFLC is a licensed clinical counselor available to provide short term, situational, problem-solving counseling services to our Active Duty and Reserve Soldiers and Families. Services are confidential and private. If you would like to talk to the MFLC, please call (808) 222-7088 to setup an appointment.

PACIFIC KNIGHTS!





# 18<sup>th</sup> MDSC Family Readiness Group

by Greg Wolcott

The Family Readiness Group (FRG) would like to welcome all new Soldiers, Spouses, and those who support our Active Duty and Reserve Soldiers into the Unit. We look forward to meeting you at our next FRG meeting, the date, time, and location to be announced. The meetings are being scheduled on a quarterly basis.

The FRG is a command sponsored organization open to all Soldiers, Civilians, Family members (immediate and extended) and designated others. The FRG is not limited to married Soldiers and their Spouses; but involves anyone that supports our Active Duty and Reserve Soldiers. The FRG's primary mission is to serve as a conduit for information, mutual support and concern.

The FRG is currently working on updating Key-Calling lists for the purpose of maintaining contact with

the Soldiers designated support people. We are still in need of Key Callers at this time. The role of a Key Caller is as follows: to initiate and maintain contact with FRG members, to receive phone calls from other FRG members and point them to resources for self-help, to help control rumors and gossip, to pass on information from the FRG leaders, and Command, and to report significant family readiness issues to the phone tree Committee Chairperson or the FRG leader.

The HHC 18<sup>th</sup> MEDCOM has a Virtual Family Readiness Group (vFRG). This is an easy way to stay informed but does not replace the need for the above-mentioned Key Callers. The vFRG provides the functionality of FRG in an online setting. Like an FRG the vFRG offers families news from the Unit in a timely manner, as well as information on military and community resources. Members who are authorized by their Soldier and ap-

proved by the Unit can view the Units vFRG. To access the units vFRG go to [www.armyfrg.org](http://www.armyfrg.org). and click on "Register". You will need your Soldier's full name, rank, unit name, and last four digits of his/her Social Security Number to register. Once registered, the unit will verify Soldier authorization and make the approval. Once the approval has been made you will receive an e-mail with information regarding use of the vFRG for the HHC MEDCOM.

We would like to welcome and acknowledge the following volunteers to the FRG: Sandy Sager, Key Caller Chairperson and Theresa Washington, Key Caller.

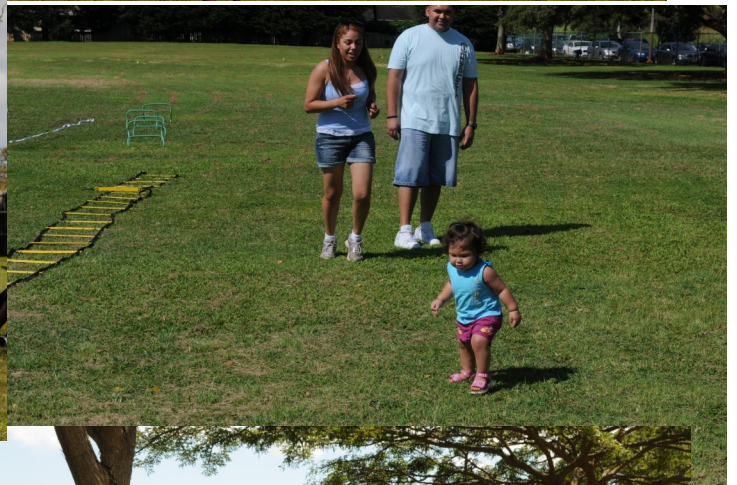
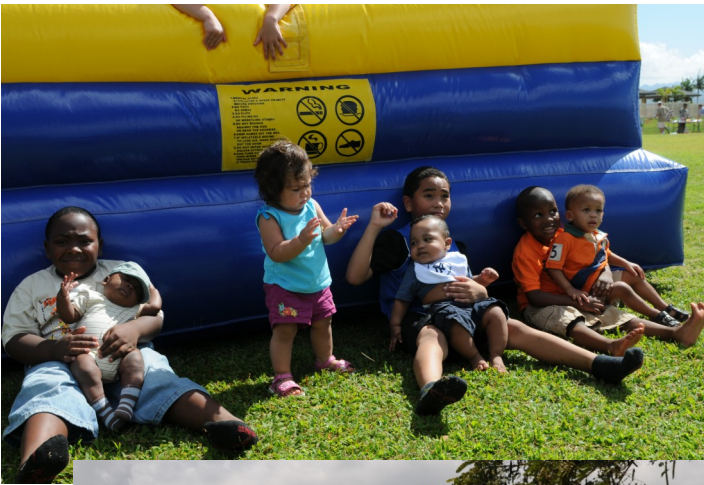
We are committed to building relationships together that will enhance the well being of the Unit. I can be reached at [greg97365@yahoo.com](mailto:greg97365@yahoo.com) or (808) 342-8214.





# Pictures of the Quarter

## Organization Day





# Pictures of the Quarter

## Air Assault Course Training





# Pictures of the Quarter

## 8th Forward Surgical Team (Airborne)



Left: Pictured in the center Spc. Robert Smith won distinguished Honor Grad for his WLC Course in May. His supervisors, SSG Daniel Peters, left and Sgt. John Ang.

Below: Spc. Theodore Batdorf, 8th FST, completes the expert field infantry badge course at Joint Base Elmendorf Richardson, Alaska in June and the team completes its June jump.



### 8th Forward Surgical Team (Airborne)



**Public Affairs Supervisor, Cpt. Jessie Romero**  
**Editor, Sgt. 1st Class Rodney Jackson**

18th MEDCOM (DS) Public Affairs  
X1510 210 Suehiro Road  
FORT SHAFTER, HI. 96858

## PACIFIC KNIGHTS

**Check out our Website, Facebook and Flickr pages:**

[www.usarpac.army.mil/18thmedcom](http://www.usarpac.army.mil/18thmedcom)  
[www.flickr.com/photos/18thmedcomds](http://www.flickr.com/photos/18thmedcomds)  
[www.facebook.com/18thMEDCOM](http://www.facebook.com/18thMEDCOM)

## ***18th MEDCOM Mission Statement***

Mission Command of assigned and attached medical units to provide comprehensive and flexible Army Health System (AHS) support throughout the US Army Pacific (USARPAC) and across the full spectrum of operations.

## Hurricane Season is from 1 June - 20 November

### **Tropical Preparedness Tip from the Central Pacific Hurricane Center**

When a hurricane threatens, monitor your radio or television for the latest National Weather Service advisories, as well as any special instructions from Civil Defense.

Hurricanes can cause power failures and cut off, or contaminate water supplies. Store a seven day supply of water you can use for drinking, cooking, and bathing. Check battery powered equipment such as radios and flashlights.

Keep seven days worth of non-perishable foods on hand and two weeks worth of special medication. Remember, stores and pharmacies may not be open during an emergency, when you need supplies.

Hurricanes not only pack high winds, but can also cause torrential rains that lead to flash flooding and abnormally high waves and storm surge. Known as "The Triple Threat", each of these alone can pose a serious threat to life and property. Taken together they are capable of inflicting a large loss of life and widespread destruction.

In 1992, Hurricane Iniki's high waves and storm surge devastated the south shore of Kauai to elevations over 20 feet above sea level. As the hurricane nears the coastline, rapidly rising water levels from wind-driven waves and storm surge will inundate coastal areas, erode beaches, and pound and undermine waterfront structures and roadways.

Visit the Hawaii Red Cross website for more information on hurricane preparedness at <http://hawaiiredcross.org>.

DEPARTMENT OF THE ARMY  
18th Medical Command (Deployment Support)  
ATTN: COMMANDER  
X1508 160 Loop Rd.  
Fort Shafter, HI 96858-5100  
OFFICIAL BUSINESS